

**FOR HEALTH DEPARTMENT USE ONLY**

Date Received

Date Inspected

Approved By

Permit # Issued

**Food Establishment Permit Application***(Application must be submitted at least 30 days before the planned opening date)*

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No:													
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone No:	24 Hour Emergency No:												
8) Owner Name & Title (if different from applicant):													
9) Owner Address (if different from applicant):													
10) Establishment Owned By:  <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:	_____												
Address:	_____												
Telephone No:	Fax: _____												
Email:	_____												
13) District Or Regional Supervisor (if applicable)													
Name & Title:	_____												
Address:	_____												
Telephone No:	Fax: _____												

## Food Establishment Information

<b>14) Water Source:</b>		<b>15) Sewage disposal:</b>
DEP Public Water Supply No: ( if applicable)		
<b>16) Days and Hours of Operation:</b>		<b>17) No. of Food Employees:</b>
<b>18) Name of Person In Charge Certified in Food Protection Management:</b> Required as of 10/1/2001in accordance with 105 CMR 590.003(A) Please attach copy of certificate.		
<b>19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes      No</b>		
<b>20) Location:</b> (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	<b>22) Establishment Type(check all that apply)</b> <input type="checkbox"/> Retail (                  Sq. Ft) <input type="checkbox"/> Food Service – (                  Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (                  Meals/Day)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer
<b>21) Length Of Permit:</b> (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates:  <input type="checkbox"/> Temporary/Dates/Time:	<b>Other (Describe)</b>	
<b>23) Food Operations:</b> (check all that apply):	<b>Definitions:</b> PHF – potentially hazardous food(time/temperature controls required) Non-PHF's – non- potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/OR HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<b>Other (Describe):</b>	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	To be completed by the Health Department <b>Total Permit Fee:</b> _____ <b>Payment is due with application</b>
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the health department on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: \_\_\_\_\_

**Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**25) Social Security Number or Federal ID:** \_\_\_\_\_

26) Signature of Individual or Corporate Name: \_\_\_\_\_